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BOROUGH OF NUNEATON.

**ANNUAL
REPORT
1937**

**SCHOOL MEDICAL
SERVICE**

P. G. HORSBURGH, M.R.C.S., L.R.C.P., D.P.H.

School Medical Officer.

BOROUGH OF NUNEATON.

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MEMBERS OF THE EDUCATION COMMITTEE OF THE BOROUGH OF NUNEATON.

(As on 31st December, 1937).

Alderman R. W. Swinnerton, M.B.E., J.P., C.A. (Chairman).

Councillor F. H. Raison, B.A. (Vice-Chairman).

His Worship The Mayor (Alderman W. Croshaw).

Deputy Mayor (Councillor T. L. Liggins).

Alderman J. A. Cartwright.	Councillor Mrs. FitzRoy
„ E. F. Melly, J.P.	Newdegate.
„ F. P. Pembleton,	„ A. C. French.
„ J.P., C.C.	„ W. S. Johnson.
„ L. E. Price.	„ W. R. Lee.
„ J. Randle, J.P.	„ B. H. Mayo.
„ C. Reader.	„ C. Ramsell.
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„ C. H. Cartwright.	„ W. T. Smith, J.P.,
„ W. R. Chamberlain.	C.C.
„ G. Comley.	„ W. T. Timms.
„ G. Cooper.	„ J. Wood.
„ W. Croshaw, senior.	„ P. Woodward.
„ S. O. Currin.	Miss A. H. Moreton.
„ H. J. Deeming.	Mr. C. Allen.
„ C. J. S. Dickens.	Mr. H. C. Betts.
„ P. Dixon.	Rev. T. H. Jenkins.
„ G. W. Fennell.	Dr. E. Nason.
	Rev. Canon J. L. White.

Director of Education: Mr. J. C. Bennell.

STAFF OF THE SCHOOL MEDICAL DEPARTMENT.

School Medical Officer:

P. G. HORSBURGH, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officer:

H. BURNS, O.B.E., M.B., Ch.B. (Edin.).

Surgeon—Tonsil and Adenoid Clinic:

C. A. RAISON, M.B., Ch.B., F.R.C.S.

Surgeon—Orthopædic Clinic:

F. W. ALLAN, M.B., F.R.C.S., L.R.C.P.

School Oculist:

H. BURNS (three half days per week).

School Dentist:

J. E. ROBERTS, L.D.S.

Dental Attendant:

Miss L. JACKSON.

School Nurses:

Miss D. REYNOLDS and Miss C. AHERN.

Clerical Staff:

W. WOOD, I. BIGGS, M. FOSKETT.

BOROUGH OF NUNEATON.

School Medical Department,
Council House, Nuneaton.
18th March, 1938.

To The Chairman and Members of the Education Committee, Nuneaton.

Mr. Chairman, Ladies and Gentlemen,

I have the honour of presenting my report on the work of the School Medical Service for the year 1937.

Steady progress has been maintained throughout the year and certain improvements have taken place in the schools and at the clinics for the benefit of the health of the children.

I have mentioned later in the report the increased school accommodation which is in the course of erection. During the year you have increased your accommodation for nursery classes; also you have a special class for "stammering children."

You appointed (in conjunction with the County Council) during the year, two physical training organizers.

The extensions at Stockingford Clinic were commenced in the latter part of the year and it is hoped that these alterations and additions will be available for use in the early part of 1938.

The standard of general fitness has been maintained in the child population of the Borough.

During 1937 no school had to be closed on account of infectious disease.

It is hoped that during 1938 we shall be able to increase the facilities for dental treatment by the establishment of special sessions when gas can be administered in suitable cases.

I should like to record my sincere appreciation of the support and of the untiring efforts of the whole of the members of the school medical staff. To the Chairman and members of the Committee I would like to record my thanks for their interest shown in matters concerning the health of the children attending the schools in the Borough.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

P. G. HORSBURGH,

School Medical Officer.

CO-ORDINATION.

The School Medical Service is merely a continuation of the activities offered for the child between the ages of 1—5 years. Naturally when a child becomes school age a slightly different routine has to be carried out than was the case before its school life.

The actual form of treatment and the facilities available are the same for all children from birth until the time they leave school.

The pre-school service and the school service are becoming more securely welded into one as time progresses. This is due in part to the commencement of Nursery classes. These children although under 5 years of age come under the school medical service and not under the maternity and child welfare service.

The school medical service is a sub-division of the health service; the officers serving one also serve the other. We, fortunately, have no 'water tight' departments as far as the town goes and the greatest co-ordination is carried out by the whole of the staff. The only line of demarcation between the school medical service and the other health services of the Borough is one of finance. The whole of the finance of the school medical service comes under the Education Committee, so naturally, there has to be a hard and fast rule as far as the cost of treatment is concerned between children attending school and those of pre-school age.

HYGIENE.

You have under your Authority 15 schools, comprising 27 departments.

The building of the Arbury Ward Senior School which will accommodate 400 children was begun in October, 1937. It is hoped that the schemes for the Higham Lane School which will make provision for 320 seniors and 390 juniors and infants and the extensions to Manor Park Senior School which will add 160 places will soon reach the stage at which building can be commenced. These new schools and extensions will possess special accommodation for medical inspection. They will be equipped with up-to-date halls and changing rooms for physical training. The Arbury Ward School will have a playing-field of approximately 7.74 acres, whilst that of Higham Lane will be approximately 4 acres. Doubtlessly your new schools will play a great part in the Borough's participation in the National Fitness Campaign. In this connection I may add that most of the senior children in your schools have now got special clothing for Physical Training.

Since my last report, in which I referred to the nursery classes at Queen's Road Council School and the Stockingford Council School, similar classes have been established at Abbey Street C.E. School and Coton Council (Fitton Street) School. These new nursery classes are provided with modern nursery equipment. It is understood that when the Queen's Road and Fitton Street Schools are re-organised their accommodation for nursery children will be doubled. Young children attending nursery classes tend to get a good grounding in personal hygiene together with that confidence which is of inestimable value when, at a later stage, they begin their ventures into school life proper.

The Higham Lane Junior and Infant section will include a nursery classroom.

Your policy of substituting modern school furniture for the old and obsolete types is still being continued and I am able to say that an increasing number of classes are being equipped with dual locker desks and chairs.

ACCOMMODATION PROVIDED IN PUBLIC ELEMENTARY SCHOOLS.

1. COUNCIL SCHOOLS.

Name of School			Accommodation		Average attendance last school year
Attleborough	...	...	710	...	562
Chilvers Coton	...	...	650	...	514
Galley Common	...	...	295	...	182
Manor Park	...	...	320	...	279
Queen's Road	...	...	1070	...	833
Stockingford	...	...	1264	...	1001
Swinnerton	...	...	320	...	293

2. NON-PROVIDED SCHOOLS.

Abbey Street C. of E.	...	...	595	...	470
Attleborough	...	...	405	...	312
Chilvers Coton C. of E.	...	...	469	...	402
Heath End C. of E.	...	...	281	...	180
St. Joseph's R.C.	...	...	212	...	178
Stockingford C. of E.	...	...	326	...	256
Vicarage Street C. of E.	...	...	807	...	687

Total accommodation provided in Public Elementary Schools:—

Council Schools	...	...	...	...	4,629
Non-provided Schools	...	...	...	...	3,095

7,724

MEDICAL INSPECTIONS.

Your organization for the Medical Inspection of the different age groups which is carried out at the schools remains unaltered.

2,249 children were presented for routine medical Inspection. Of these 715 were "Entrants"; 657 second age group, viz., "Intermediate" and 877 third age group or "Leavers."

It was mentioned in last year's school report that endeavours would be made to examine those children who were attending the nursery classes at the schools but unfortunately during 1937 it was impossible to carry out inspections of these children. It is to be hoped that in 1938 these children will be able to be medically inspected in the schools.

The total number of children attending these nursery classes is 143. This number does not seem large, but greater time has to be spent on these infants than the more senior scholars who have already had prior examinations during their school life.

The medical service is conversant with a large proportion of the children's previous history before they enter the nursery classes. These records are available for the Medical Officer who examines the child when it is put on the books of these nursery classes.

NUTRITION.

During routine inspection each child is put into its appropriate category as regards nutrition.

Of the 2,249 children so examined 88.2% were recorded as having normal nutrition. Details of nutrition found in the various age groups is recorded in Table B.

Undoubtedly the general nutrition of the children in the Borough has improved in comparison with that of 10 years ago. These children who were recorded as sub-nutritious are kept under observation and re-examined at the school clinics.

Many factors are involved in the nutrition of a child. In dealing with children one has to take into consideration the physique of the parent. Housing conditions often play an important part in the physique of the child. Fortunately, one can say that the housing conditions have improved generally but there are still many instances where the housing is detrimental to the child's general well-being.

Faulty dietetics play a large part in some of the under-nourished children. Under-nourishment does not always mean lack of food, in many instances it is lack of proper food. This remark does not always apply to children attending elementary schools but applies to many of the children who go to schools other than those under your jurisdiction.

The amount of sleep a child requires is often overlooked by parents; this being an all-important factor in a child's well-being. Sleeping accommodation is also to be considered when one is dealing with a child whose nutrition is sub-normal, and it is to be hoped that the provisions of the Act dealing with overcrowding will help in making this necessary accommodation available, thus making it possible for all to obtain a sound and health-giving sleep.

MINOR AILMENTS.

It will be noted that again the number of cases recorded as requiring treatment for minor ailments was small. One expects this figure to be small at a routine medical inspection. The minor ailments which includes such cases as Impetigo, minor injuries, etc., should not be found to any extent at the school inspections.

Practically all cases are primarily dealt with through the teaching staff who refer these children direct for treatment.

Many of the minor ailments, such as Impetigo, are truly minor ailments.

At the present time it is seldom that one comes across children who have failed to obtain early treatment for these conditions—this was not so in past years.

EAR, NOSE AND THROAT.

Defects of the ear, nose and throat continue to remain high.

One can look on the ear, nose and throat as the portal of most diseases; consequently great care is exercised in recording the slightest suspicion of any defect in this region.

It will be noted that diseases of the nose and throat accounted for 56 children requiring treatment and 454 requiring to be kept under observation.

All defects of the ear, nose and throat found at medical inspection are referred to their own doctor, or for special examination at the clinics.

DENTAL DEFECTS.

At routine medical inspection particulars of dental defects are not recorded.

Advice is given as to dental treatment and cases where marked dental caries exist are referred to the school dental officer for treatment.

Your dental surgeon visits the school for dental inspections, and he comments on his work at the schools as follows:—

DENTAL INSPECTIONS.

It was revealed that 37% of the children were dentally efficient, and that 63% required dental treatment.

This figure is inclined to be misleading and does not necessarily mean that 63% of the mouths examined were in a bad state of health. Generally speaking the oral condition of the children at the time of inspection was good, and the majority of inefficients had only minor dental troubles to be remedied.

One very regrettable feature of the mouths examined was the great number of children who have fallen in the playground, fracturing one or both of their permanent upper Central teeth. Fortunately the greater percentage of fractures have been treated conservatively, before abscess formation has taken place, with a view to a Crown being fitted when the child is sufficiently old enough to wear one successfully.

CRIPPLING DEFECTS.

Under the above heading are included such diseases which render a child unable to carry out the full normal routine of the school curriculum. Maybe a child can receive full benefit from the lessons given in the schools but is unable to have the full benefit of physical exercises.

These children may suffer from some heart condition or some deformity, such as spinal curvature.

Nine cases of organic heart disease were found at the schools but were not of such a nature as to require immediate treatment but were recorded for special observation.

It is found that a number of children, who have some abnormality of the heart, benefit by exercises in the school but when these children are put on exercises close observation is kept on the heart condition and its reaction to the physical exercises.

Deformities, such as spinal curvature or any orthopædic condition, found are immediately referred to the orthopædic treatment clinic.

TUBERCULOSIS.

Of the 2,249 children examined at the schools no child was found to be suffering from active tuberculosis of the lung.

It has been recorded in previous reports the co-operation which exists between the school medical service and the Tuberculosis Officers of the Coventry and Warwickshire Tuberculosis Committee for dealing with elementary school children suffering with disease of the lung.

One case of tuberculosis of the spine was discovered at the routine medical inspection.

FOLLOWING UP—SUMMARY OF WORK BY SCHOOL NURSES.

Two full-time school nurses are employed by the Education Committee. These nurses' duties are exclusively in connection with school work. These officers attend each morning at the school clinic to carry out treatment advised by the medical officers.

It will be observed that 17,924 attendances were made by children for treatment.

The nurses also attend at all medical inspections which take place in the schools, having, prior to the inspection, to weigh, measure and carry out a Snellen eye test on each individual child to be examined.

Defects found at medical inspection are followed up by the nurses, where necessary, at the child's home.

Vermin surveys are periodically carried out by these nurses at all schools.

The sunray clinic is open twice a week, viz., Tuesday afternoons and Saturday mornings, when your nurses are in attendance. Extra sessions are held on days other than those mentioned for sunray treatment when time permits.

These nurses are also called upon to assist at the operations performed for tonsils and adenoids and carry out home supervision for the children after operation.

Assistance at the orthopædic clinic is also given by your school nurses.

Ionization clinics for the treatment of diseases of the ear also forms a part of their duties.

The school nurses are working to full capacity and no additional service, requiring the services of a nurse, could be carried out with your present staff.

TREATMENT.

You have in your medical service a fairly comprehensive treatment scheme.

The children requiring treatment at your various clinics are referred from various sources.

The medical inspections carried out at the schools reveal a large number of defects, the majority of which are dealt with under your treatment scheme.

In addition to the defects found at medical inspections, parents bring children direct to the clinic or children are referred by the Head Teachers of your schools.

Many of the children who receive treatment at the specialised clinics, such as orthopædic, operative treatment for tonsils and adenoids, ionization, sunray, etc., are referred through their own doctors.

Treatment Clinics:—

Half days held	...	...	...	...	507
Individual children treated	...	...	...	...	2,813
Total attendances	...	...	...	...	17,924
Average attendance per clinic	...	...	...	...	35.3
Number of children cured	...	...	...	...	2,692
Referred elsewhere for treatment	...	...	...	...	80
No. of children on books December 31st, 1937	...	...	...	...	20
Total exclusion days	...	...	...	...	594

IONIZATION CLINIC.

Ionization Clinics held	...	...	...	...	39
Children treated	...	...	...	...	27
Total attendances	...	...	...	...	93

TONSIL AND ADENOID OPERATIVE CLINIC.

Number of Clinics held	...	...	...	...	31
Number of children treated	...	...	...	...	109

Diseases treated at School Clinics:—

Impetigo (Scalp)	...	...	...	...	22
Impetigo (Body)	...	...	...	...	60
Ringworm (Scalp)	...	...	...	...	6
Ringworm (Body)	...	...	...	...	16
Other skin diseases	...	...	...	...	43
Minor surgical dressings	...	...	...	...	2,280
Disease of the ear	...	...	...	...	136
Minor eye diseases	...	...	...	...	88
Other diseases	...	...	...	...	175

Home Visits:—

Diseases of throat	...	...	...	...	513
Vermin	...	...	...	...	32
Infectious diseases	...	...	...	...	111
Various	...	...	...	...	103
Eye defects	...	...	...	...	64

CLINICS.

Service.	Situation of Premises.	Days open.	Authority. Responsible
Maternity and Child Welfare. Welfare Centres	Coton Road (entrance Riversley Park) Nuneaton	Mondays, Tuesdays and Wednesdays, 2.0—4.30 p.m.	Under Borough Council.
	Cross St., Stock- ingford	Mondays and Wednesdays, 2.0—4.30 p.m.	Do.
Ante-natal Centre.	Coton Road, Nuneaton	2nd and 4th Thursday in month, 2.15 p.m.	Do.
	Cross Street, Stockingford	1st Thursday in month, 2.15 p.m.	
Gynæcological Clinic	Coton Road	1st Monday in month, 9.0—12.0 noon.	Do.
Dental Clinic	Coton Road Nuneaton	Every Thursday 2 p.m.	Do.
1-5 Minor Ail- ments	Coton Road, Nuneaton	9.0—10.0 a.m. each morning	Do.
	Cross Street, Stockingford	Ditto	
School Medical Service. Treatment Clinic and Inspection Clinic	Coton Road (entrance Riversley Park)	Every weekday morning, 9.0— 12 a.m.	Under Education Committee.
	Cross Street, Stockingford	Ditto	
Eye Clinic	Coton Road	Tuesday, Thurs- day and Friday mornings	Do.
Tonsil and Adenoid Clinic	Ditto	Tuesday, 8.0 a.m.	
Ear Clinic	Ditto	As occasion arises	
Orthopædic Clinic	Ditto	Last Friday in month, 2.45 p.m.	
		Intermediate treat- ment weekly. Fri- day 2 p.m.—5 p.m.	
Sun Ray	Ditto	Tuesday 2—4 p.m. Saturday 9 a.m.— 12 noon.	

CLINICS—Continued.

Service.	Situation of Premises.	Days Open.	Responsible Authority.
Dental Clinic	Coton Road	Monday and Tuesday 9.0 a.m. to 5.0 p.m. Wednesday 9.0 a.m. to 1.0 p.m. Thursday 9.0 a.m. to 1.0 p.m. Friday 9.0 a.m. to 5.0 p.m. Saturday 9.0 a.m. to 12 noon.	Under Education Committee.
Tuberculosis. Dispensary	35, Coton Road (Converted dwelling)	Tuesday, 10.0 a.m. to 4.0 p.m.	Warwickshire and Coventry Joint Committee for Tuberculosis.
Venereal Diseases Male Clinics Female	Cleansing Station Central Avenue Ditto	Fridays, 6.0 to 7.30 p.m. Tuesdays, 5.30 to 7.30 p.m. (intermediate daily treatment also provided—males 6.30 p.m. (Tuesday excepted) females by appointment)	Medical Officer of Health in attendance Ditto (Under Warwickshire C.C.)

UNCLEANLINESS.

Every child who is examined at routine medical inspection is reported upon as regards uncleanliness of head and body, and dirty condition of clothing and defective foot wear.

All parents are notified of the examinations of their children and it is seldom that at medical inspection verminous conditions are found.

Out of 2,249 children examined 36 were found to have their heads in an unsatisfactory condition and in 25 cases the general cleanliness of the body was unsatisfactory. These cases are investigated by the School Nurses who are present at the medical inspection. In addition to the examinations carried out at medical inspections all schools are visited by your school nurses and the children examined for vermin.

During the year under review 22,240 examinations were carried out and of these 503 were recorded as unsatisfactory. The inspections carried out under this category are of a very stringent nature and children reported for uncleanliness of the heads show conditions ranging from a few nits to live stock.

Much suffering and illness can be caused by vermin of the head and it is in the interest of the child that the first signs should be severely dealt with.

Many parents resent their attention being called to a few nits in the hair. In the majority of cases this resentment, when matters are explained to them in detail by the school nurse, is less evident, and it is seldom that the parents do not give us full co-operation. We still have in the community a very few parents who regularly have their children sent home for verminous conditions. These comparatively few diminish every year.

It is the practice of the department that children suffering from neglect and uncleanliness are referred to the local inspector of the N.S.P.C.C.

During the year it was necessary to refer 21 children to this officer in order that he could take the necessary steps against the parents.

I should like to pay tribute to the nurses in connection with their work to eradicate vermin from our schools. It is at best a thankless task and it has been carried out throughout the year with benefit to the children as a whole.

EXTERNAL EYE DISEASES AND DEFECTIVE VISION.

The eye clinic continues to deal with all cases of defective or supposedly defective vision in children which are referred to it by teachers and nurses or from the minor ailment clinic and also at the request of parents.

Each case is examined by retinoscopy and on the result of this examination depends the treatment necessary, such as the prescription of suitable glasses.

All these cases are re-examined on two further occasions at least, whether glasses have been ordered or not.

The necessary glasses are supplied at contract prices by a local firm, the price varying with the nature of the lens ordered.

In addition, external conditions of the eye, such as styne and conjunctivitis, are treated at the clinic. This treatment is carried out in conjunction with retinoscopy, as some of these persistent conditions are due to errors of refraction and when the error of the refraction is corrected, the local inflammatory condition is almost certain to clear up in a very short period.

For complicated cases and for cases requiring hospital treatment, e.g., operations for squint, a scheme is in operation whereby such cases can be sent to the Nuneaton General Hospital or to Birmingham Eye Hospital for examination and the particular treatment necessary.

DEFECTIVE VISION.

1. ERRORS OF REFRACTIONS (excluding squint and cases in which other ocular disease was present in addition to the refraction error):—

Hypermetropia	...	...	...	...	198
Hypermetropic Astigmatism	...	...	...	...	27
Myopia	...	...	...	...	87
Myopic Astigmatism	...	...	...	...	7
Mixed Astigmatism	...	...	...	...	5

2. SQUINT.

Convergent strabismus	...	...	...	...	131
Divergent strabismus	...	...	...	...	—

3. EXTERNAL DISEASE OF THE EYE.

Conjunctivitis and Keratitis	...	...	...	...	12
Blepharitis	...	...	...	...	10
Hordeolum	...	...	...	...	11
Corneal Nebulae	...	...	...	...	7
Injury	...	...	...	...	—
Papilloma	...	...	...	...	1

4. DISEASE OF DEEPER STRUCTURES.

Optic nerve atrophy	...	...	...	2
Congenital cataract	...	...	...	5
No glasses ordered	...	...	...	198

EAR, NOSE AND THROAT.

Details of the above defects will be found in Table 2, Columns 4 and 5.

These are children attending the clinics either for actual treatment or for observation of some defect of the ear, nose and throat.

A large amount of treatment is carried out at the daily treatment sessions in addition to the treatment carried out at the special clinics.

Many of the children suffering from discharging ears are treated also at the ionization clinic. For adequate treatment of discharging ears a combination of ionization and daily local treatment has been found to be most effective, in the majority of cases.

Details of the numbers treated at the ionization clinic will be found following these remarks.

Abnormalities of tonsils and adenoids, it will be observed, are mainly treated at the ordinary clinic. This conservative treatment is found to be efficient in a very large number of cases.

All cases of tonsils and adenoids are kept under observation and treatment for a considerable time before operative treatment is advised. Where the throat condition is such that conservative treatment has no beneficial results, then operative treatment is advised for these cases.

These cases are operated upon by Mr. Raison, F.R.C.S., at a special clinic held as required, generally once a week. The results of the removal of the tonsils and adenoids are excellent provided cases are properly selected and great care is exercised in selecting cases before any operative procedure is advised.

Ionization Clinics	...	...	...	39
Children treated	...	...	...	27
Total attendances	...	...	...	93

DENTAL TREATMENT.

During the year 50% of children needing treatment accepted and were treated, and 50% refused permission. An effort has been made to further the introduction of conservative work in the clinic, but there is still a great need for education of the Public in Dentistry. Let me quote a typical case:—

A child accepts ~~for~~ treatment at an early age with toothache in a deciduous molar, which is extracted.

It is also found that the lower six-year molars are not above suspicion, so the fissures are cut out and the teeth conserved. The next year inspection reveals the upper six-year molars in the same state, but as the spur of toothache is now absent, consent to treat is withheld. Thus the work on the lower teeth is wasted as at the end of another year the upper molars will probably be too far gone to conserve.

Report on the Orthopædic Work carried out at the Nuneaton School Clinic for 1937.

Mr. F. G. Allan, F.R.C.S., reports on the Orthopædic Clinic as under:—

“ The treatment of certain orthopædic cases, notably in children suffering from acute manifestations of rickets, the numbers of which have increased slightly during the past year in spite of the careful supervision of diet by the Infant Welfare Clinics, has been greatly assisted by the provision of a Sun Ray Clinic. This has enabled a number of cases to be treated at home who would otherwise have been recommended for prolonged stay in hospital.

Several cases of recent infantile paralysis have been admitted to the Clinic during the year and two of these, of exceptional severity, are still undergoing treatment in hospital. The possibility of a severe outbreak of this disease, as occurred last year in Australia, is ever present and the realisation that isolation of sporadic cases may prevent an epidemic is important.

Thanks are again due to the School Nursing Staff for their great interest and willing co-operation.

The following is a record of the work of the Clinic for the year 1937:—”

	School Children	Adults	Infant Welfare Children	Total
Tuberculosis	6 ...	15 ...	— ...	21
Spastic Paralysis	1 ...	— ...	1 ...	2
Infantile Paralysis	8 ...	— ...	2 ...	10
Rickets	12 ...	— ...	24 ...	36
Bone Injuries	15 ...	9 ...	— ...	24
Spinal Deformities	3 ...	6 ...	— ...	9
Flat Foot	66 ...	— ...	27 ...	93
Claw Foot	4 ...	— ...	2 ...	6
Club Foot	2 ...	— ...	3 ...	5
Other Conditions	94 ...	3 ...	25 ...	132
Number of new cases ...	70 ...	6 ...	45 ...	121
Number of cases carried on from previous year	128 ...	13 ...	38 ...	179
Number of cases treated in Hospital	13 ...	2 ...	2 ...	17
Instruments supplied	45 ...	3 ...	7 ...	55
Clinics by M.O.	— ...	— ...	— ...	12
Attendances at same	319 ...	35 ...	168 ...	522
Treatment Clinics	— ...	— ...	— ...	44
Total attendances at same	404 ...	2 ...	97 ...	503
Number of cases dis- charged	— ...	— ...	— ...	102
Total attendances Com- bined Clinics, e.g., Mr. Allan's and Sister's ...	— ...	— ...	— ...	1,025

ARTIFICIAL LIGHT TREATMENT CLINIC.

The above clinic, which was established at the end of 1936, continues to form a very essential adjunctancy of the medical service.

It is only by very careful selection of suitable cases that beneficial results are obtained from sun-ray treatment. The indiscriminate use of sun-ray treatment is detrimental, as many conditions are adversely affected by this form of treatment.

This clinic is open on Tuesday afternoons and Saturday mornings and at times additional treatments have taken place for special cases.

I append below table of diseases treated and the results obtained from sunray:—

Diseases	Total Cases Treated.	Number Discharged.	Average length of Treatment.	Average Dose in Minutes.		CONDITION ON DISCHARGE					Under Observation at end of year	
				Minimum	Maximum	Cured	Much Improved	Improved	No Change	Course not Complete		
Rickets	8	6	26 weeks	3	20	1	—	—	—	2	2	2
Chilblains	28	28	2 "	5	10	28	—	—	—	—	—	—
Debility	93	78	2 m'ths	3	20	24	—	—	—	15	15	15
Alopecia	6	5	2 "	5	10	2	—	—	—	1	1	1
Anæmia	3	3	2 "	3	20	—	2	—	—	2	2	2
TB Glands	2	2	3 "	3	15	—	1	—	—	1	1	1
Pink Disease	4	4	3 "	3	15	2	—	—	—	—	—	—
Celiac Disease	1	1	2½ "	3	20	1	—	—	—	—	—	—
Bronchitis	1	1	2 "	3	15	1	—	—	—	1	1	1
Osteomyelitis	1	—	6 "	3	20	—	1	—	—	—	—	—
Dermatitis	1	1	2 "	3	10	1	—	—	—	—	—	—
T.B. Bone	1	—	3 "	3	20	—	1	—	—	1	1	1
Circulation	4	2	3 "	5	10	—	—	2	—	2	2	2
Totals	153	131	37½ months	45	205	60	5	2	—	25	25	25

TUBERCULOSIS.

The treatment of the School child suffering with pulmonary and non-pulmonary tuberculosis is carried out by the Coventry and Warwickshire Joint Tuberculosis Committee.

The school medical service refers all children with the slightest suspicion of this disease to the local medical officer employed by the above Committee.

I should like to record my appreciation of the close co-operation which exists between the school medical service and Dr. McWilliams, the Chief Medical Officer of the Tuberculosis Committee and his staff. I am indebted to them for the details of the work carried out for school children resident in the Borough.

Treatment of non-pulmonary tuberculosis is undertaken through your orthopædic scheme.

A financial arrangement is in existence between the Joint Tuberculosis Committee and yourselves for the treatment of these cases.

On Dispensary treatment, 1st January, 1937 ()	Put on Dispensary treatment during 1937 0	Total 0
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Contacts examined—Children:

Pulmonary	Non-Pulmonary	Not Tuberculous	Under observation 31st December, 1937
2	5	103	0

Age periods:—

0-5	5-10	10-15
1	3	3

Stage of Disease (Children only):—

Pulmonary				Non-Pulmonary				Doubt-ful	Not tuber-culous	TOTAL
Tubercle bacilli not present	Tubercle bacilli present			Bones and Joints	Ab dom-inal	Other Or-gans	Peri- pheral glands			
	Stage 1	Stage 2	Stage 3							
2	0	0	0	0	3	0	2	0	103	110
2				5						

INFECTIOUS DISEASE.

The general arrangements for the treatment and supervision of contacts of infectious disease remain unaltered.

The actual cases are isolated and contacts supervised.

Scarlet Fever showed some reduction on the year's figures while Diphtheria showed an increase. Diphtheria occurred in the main during the latter two months of the year.

No particular school was the centre of epidemic disease during 1937. Infectious disease that occurred amongst the school children was fairly evenly spread throughout the Borough.

The following table gives details of age group, etc., during the year.

	4	5	6	7	8	9	10	11	12	13	14	Total
Scarlet Fever	14	23	25	15	10	6	8	5	6	3	4	119
Diphtheria ...	8	9	13	14	6	9	8	7	3	5	2	84
Pneumonia ..	2	3	—	2	2	—	—	2	—	2	—	13
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—
Cerebos												
Spinal Fever	1	—	—	1	—	—	—	—	—	—	—	2
Poliomyelitis	—	—	—	—	—	1	—	—	—	—	—	1

PHYSICAL TRAINING.

During the last year physical training has played an increasingly important part in the curricula of your schools.

You have appointed two part-time Physical Training Organisers in conjunction with the Warwickshire County Education Committee. These Organisers are in the nature of specialist physical training teachers who give assistance to members of your school staffs and who organise refresher courses for them.

As I have mentioned in another part of this report, I am pleased to be able to state that most of the senior children in your schools have now got special physical training garments and shoes.

All your schools have playgrounds and access to playing fields for organised games. In this connection I may refer to the opening of three fields for school-children during the last Summer holidays under the supervision of a Play Leader. This experiment was sufficiently successful to justify the extension of the scheme in the future.

Six of your existing school departments have halls suitable for physical training. The Arbury Ward School, the building of which has just begun, will possess a gymnasium; a gymnasium is included in the extensions to Manor Park Senior School; whilst the Higham Lane Schools will have halls suitable for physical training. I am given to understand that negotiations for the use of certain Church Halls for physical training for the corresponding Church of England Schools are well in hand.

The Mayor's Committee on Physical Training and Recreation is making efforts to provide leaders in Recreative Physical Training and facilities for children leaving school to be able to carry on their physical training.

During the year swimming has been taught to your school-children in the Municipal Baths, the attendances at which during school hours were as follows:—

Boys	...	...	8,373
Girls	...	...	5,329
			<hr/>
			13,702
			<hr/>

In the Summer holidays Mr. Randle (Head Master of Stockingford Council Boys' School) again took a party of 30 boys to camp and once more I express the hope that this Summer camping for older children will spread.

PROVISION OF MEALS.

Apart from the scheme for supplying milk to the school children, no organised scheme is in being for the provision of meals in the elementary school.

Where children have to remain at school for their mid-day meal they are supervised in certain instances.

The milk supply to the schools, with one exception, is pasteurised milk, the exception being Galley Common School, which is supplied with accredited milk.

During the year 26,782 gallons of milk were consumed by the elementary school children.

The peak of milk consumption was reached in March and the lowest consumption occurred in July of the year.

The total milk supplied was made up of 25,872 gallons pasteurised and 910 gallons accredited.

Beneficial results of this scheme are brought to ones notice time and time again as the years go on. Many debilitated children are observed to be improved both in body and mind due to the extra nourishment. In many of these cases it is found on investigation that the food supply at home is not so much insufficient as unsuitable.

CO-OPERATION—TEACHERS.

The school medical service, without the hearty co-operation of the heads of schools and their staff would be greatly reduced in efficiency and I would like to record my thanks for the great help that the teaching profession has given us during the year under review.

We have caused, at times, much inconvenience in the schools by our visits; such visits including medical inspections, vermin surveys and dental inspections,

PARENTS.

The parents of the children attending your elementary schools continue to give co-operation with your medical service.

All parents are notified prior to medical inspection of the time and place where the medical inspection is to take place. As one would expect, parents attend more frequently with the younger children than with the leavers. 89.7% of "Entrants" were accompanied by their parents, in the "Intermediate" age group 70.3% were present and 33.9% with "Leavers."

A very high proportion of children attending the treatment clinics and the various specialised clinics are accompanied by their parents, who show an increasing interest in the health and well-being of their children. It is of the greatest help in preventive medicine when parents bring their children whenever they notice anything of an abnormal nature having taken place.

SCHOOL ATTENDANCE OFFICERS.

Much help has been obtained from your school attendance officers, and I think one is justified in saying that much help has also been given to these officers during the year.

There has always been a happy relationship between your school attendance officers and your medical service and this co-operation between school attendance officers and officers of the school medical service is essential for the well-being of the children coming under our supervision

VOLUNTARY BODIES.

I can again report on the great help given in cases referred to the local officer (Mr. Elliott) of the National Society for the Prevention of Cruelty to Children.

All cases referred to him, either of cases of neglect or cases where the officer would be of help in the home, have been readily and efficiently dealt with.

The number of cases, etc., are given in the following table.

Reported by School Officials and Health Officials.

	Number of cases		Number of school children		Number under school age		Number of visits
Neglect	14	...	36	...	18	...	77
Neglect—medical	4	...	4	...	1	...	18
Neglect—vermin	8	...	21	...	—	...	24
Ill treatment	3	...	4	...	2	...	12
Advice sought	1	...	3	...	1	...	7
	—		—		—		—
Totals ...	30	...	68	...	22	...	138
	—		—		—		—

Reported by the General Public.

Neglect	37	...	40	...	42	...	187
Advice sought	23	...	42	...	24	...	69
Ill treatment	6	...	7	...	6	...	24
Other wrongs	5	...	7	...	7	...	31
	—		—		—		—
Totals ...	71	...	96	...	79	...	311
	—		—		—		—

Two cases were prosecuted during the year and both parents sent to prison in each case.

The above figures do not include young persons over the age of 14.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The general arrangement for the ascertainment of the above mentioned children remains as in previous years. No special school is maintained by the local authority. Cases requiring special schools are sent to special schools outside the Borough.

The Nuneaton Occupation Centre continues to carry on its work in a successful manner and I am indebted to Miss Lawes for the following report:—

1. OBJECT. The Nuneaton Occupation Centre held on the premises of the Congregational Church, Coton Road, Nuneaton, is maintained by the Mental Deficiency Acts Committee of the Warwickshire Council for the benefit of mental defectives of the town and district, who do not require accommodation in certified institutions.

The Centre is open from Mondays to Fridays inclusive, from 9 a.m. until 12 noon.

2. STAFF. The staff consists of the Supervisor, an Assistant who is engaged at the Centre four mornings weekly, and a Guide who conducts pupils living in Stockingford area to and from their homes.

3. ATTENDANCE. Attendance at end of year was 11. There have been three removals from the Register during the year, two pupils being admitted to certified institutions, and one having commenced work.

4. CURRICULUM. The curriculum includes personal hygiene, rhythmic exercises and games, speech training, singing, domestic duties, clock reading, money values, counting and use of apparatus. The handicrafts taught are basketry, chair and stool seating, rug work, knitting and sewing.

5. AMUSEMENTS. On Tuesday, the 20th July, the pupils spent a very enjoyable day at Kettering. The outing was arranged and financed by the members of the Inner Wheel of the Rotary Club.

Visitors were invited to a concert given by the pupils, previous to closing the Centre for the Christmas holidays. The concert was followed by a tea party, provided by the Committee and much appreciated by the pupils. Christmas gifts were provided, which were kindly distributed by Mrs. B. Moreton.

6. CONCLUSION. I should like to take this opportunity of expressing my thanks to all members of the Committee and local ladies and gentlemen for the interest taken by them in the work of the Centre during the year.

IRENE LAWES, Supervisor.

HEALTH EDUCATION.

During the year lectures and demonstrations were given at the elementary schools by the Dental Board of the United Kingdom.

Leaflets giving advice on dental treatment are given out at the dental clinic, etc. In addition to these lectures and demonstrations, posters and leaflets dealing with various aspects of health were distributed to the schools through the National Council for Health Education.

SPEECH TRAINING CLASSES.

During the year you have inaugurated classes in Speech Training and these are being held on two half-days a week at Queen's Road Schools under the direction of an expert. The classes are for stammerers only, and are attended by 20 children, most of whom are making good progress, though in one or two cases illness has had a retarding effect.

In addition to the classes individual treatment is being given to a cleft palate case and to one of dyslabia.

On one half-day a week visits are made by the expert teacher to parents and teachers to obtain co-operation in dealing with children attending the classes.

TABLE I.
MEDICAL INSPECTIONS OF CHILDREN ATTENDING
PUBLIC ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups.

Entrants	...	...	...	...	...	715
Second Age Group			...	...	...	657
Third Age Group	...		...	...	...	877
						<hr/>
Total						2,249

Number of other Routine Inspections ...

 —

Grand Total ... 2,249

B.—Other Inspections.

Number of Special Inspections	...	...	4,291
Number of Re-Inspections	...	...	3,727
			<hr/>
Total			8,018

C.—Children found to require Treatment.

				For defective vision (excluding squint)		For all other conditions recorded in Table II A	Total
Entrants	...	...	...	18	...	98	116
Second Age Group			...	61	...	43	104
Third Age Group	...		...	97	...	37	134
<hr/>							
Total (Prescribed Groups)	...			176	...	178	354
Other Routine Inspections	...			—	...	—	—
Grand Total				...	176	...	178 ... 354

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1937.

DEFECT OR DISEASE.					Routine Inspections		Special Inspections	
					No. of defects		No. of defects	
					Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
Skin	Ringworm	...	...	...	0	0	4	0
	Scalp	...	...	...	1	0	20	0
	Body	...	...	...	2	0	23	0
	Scabies	...	...	...	7	0	92	0
	Impetigo	...	...	...	22	0	56	0
	Other Diseases	...	...	...	
	(non tuberculous)							
TOTAL HEADS 1—5					32	0	195	0
Eye	Blepharitis	...	...	...	1	0	18	0
	Conjunctivitis	...	...	...	1	0	44	0
	Keratitis	...	...	...	0	0	0	0
	Corneal Opacities	...	...	...	0	0	0	0
	Other Conditions [excluding Defective Vision and Squint]	...	...	...	1	0	137	0
	TOTAL HEADS 6—10				3	0	199	0
	Defective Vision (excluding Squint)	...	...	...	176	0	87	0
Squint	...	...	...	26	0	3	0	
Ear	Defective Hearing	...	...	...	2	0	9	0
	Otitis Media	...	...	...	11	0	3	0
	Other Ear Diseases	...	...	...	0	0	142	0
Nose & Throat	Chronic Tonsilitis only	...	...	...	0	174	80	17
	Adenoids only	...	...	...	1	0	6	2
	Chronic Tonsilitis and Adenoids	...	...	...	55	280	136	21
	Other Conditions	...	...	...	0	0	474	0
Enlarged Cervical Glands (non Tuberculous)					44	122	102	0
Defective Speech					0	8	0	2
Heart and Circulation.	Heart Disease :							
	Organic	...	...	...	0	9	0	2
	Functional	...	...	...	0	0	0	2
	Anæmia	...	...	...	4	0	1	0
Lungs	Bronchitis	...	...	...	1	0	11	0
	Other Non-Tuberculous Diseases				1	1	32	0

TABLE 2.—Continued.

DEFECT OR DISEASE.					Routine Inspections		Special Inspections	
					No. of defects		No. of defects	
					Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
Tuber- culosis	Pulmonary :							
	Definite	...	...	..	0	0	0	0
	Suspected	...	...	..	0	0	0	0
	Non-Pulmonary :							
	Glands	...	...	...	0	0	1	0
	Bones and Joints	...	...	...	0	0	0	0
	Skin	...	...	...	0	0	0	0
Nervous System	Other Forms	...	...	..	1	0	1	0
	TOTAL HEADS 29—32				1	0	2	0
Deform- ities	Epilepsy	...	...	...	0	1	1	3
	Chorea	...	...	..	2	0	14	0
	Other Conditions	...	...	...	0	0	0	0
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	Rickets	...	...	...	0	0	0	0
	Spinal Curvature	...	...	...	3	0	0	0
	Other Forms	...	...	...	3	0	7	0
Total number of defects					400	595	3814	56

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-Groups	Number of Children Inspected	A (Ex- cellent)		B (Normal)		C (Slightly sub- normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	715	25	3.4	685	95.8	5	0.6	0	0
Second Age-Group	657	40	6.08	598	91.02	16	2.4	3	0.4
Third Age-Group	877	159	18.1	701	79.9	14	1.5	3	0.3
Other Routine Inspections	0	0	0	0	0	0	0	0	0
TOTAL	2249	224	9.9	1984	88.2	35	1.1	6	0.26

TABLE 3.

RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA.

BLIND CHILDREN	At Certified Schools for the Blind ... 3 At Public Elementary Schools — At other Institutions — At no School or Institution — Total 3
PARTIALLY SIGHTED CHILDREN	At Certified Schools for the Blind ... — At Certified Schools for the Partially Sighted — At Public Elementary Schools 1 At other Institutions — At no School or Institution — Total 1
DEAF CHILDREN	At Certified Schools for the Deaf ... 2 At Public Elementary Schools — At other Institutions — At no School or Institution — Total 2
PARTIALLY DEAF CHILDREN	At Certified Schools for the Deaf ... — At Certified Schools for the Partially Deaf — At Public Elementary Schools 1 At other Institutions — At no School or Institution — Total 1
MENTALLY DEFEC- TIVE CHILDREN <i>Feeble-Minded Children.</i>	At Certified Schools for Mentally De- fective Children 1 At Public Elementary Schools 32 At other Institutions — At no School or Institution 4 Total 37
EPILEPTIC CHILDREN <i>Children suffering from severe Epilepsy</i>	At Certified Special Schools 1 At Public Elementary Schools 1 At other Institutions — At no School or Institution 1 Total 3

TABLE 3.—Continued
PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN 1.— <i>Children suffering from Pulmonary Tuberculosis</i>	At Certified Special Schools	3
	At Public Elementary Schools	4
	At other Institutions	—
	At no School or Institution	3
	Total	10
II.— <i>Children suffering from non-pulmonary Tuberculosis</i>	At Certified Special Schools	4
	At Public Elementary Schools	15
	At other Institutions	—
	At no School or Institution	3
	Total	22
B.—DELICATE CHILDREN	At Certified Special Schools	—
	At Public Elementary Schools	1
	At other Institutions	—
	At no School or Institution	—
	Total	1
C.—CRIPPLED CHILDREN	At Certified Special Schools	1
	At Public Elementary Schools	—
	At other Institutions	—
	At no School or Institution	—
	Total	1
D.—CHILDREN WITH HEART DISEASE	At Certified Special Schools	—
	At Public Elementary Schools	1
	At other Institutions	—
	At no School or Institution	2
	Total	3
CHILDREN SUFFERING FROM MULTIPLE DEFECTS.		
M.D. AND PARTIALLY BLIND	At Certified Special Schools	—
	At Public Elementary Schools	—
	At other Institutions	—
	At no School or Institution	1
	Total	1
M.D. AND CRIPPLE	At Certified Special Schools	—
	At Public Elementary Schools	—
	At other Institutions	—
	At no School or Institution	1
	Total	1
M.D. AND FITS	At Certified Special Schools	—
	At Public Elementary Schools	—
	At other Institutions	—
	At no School or Institution	1
	Total	1
M.D. AND DEAF AND DUMB	At Certified Special Schools	—
	At Public Elementary Schools	1
	At other Institutions	—
	At no School or Institution	—
	Total	1

TABLE IV.
TREATMENT TABLES.

Group 1.—Minor Ailments (excluding Uncleanliness, for which see Table VI.).

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise	Total
Skin:—			
Ringworm—Scalp			
(i.) X-Ray Treatment. If none, indicate by dash.	—	—	—
(ii.) Other Treatment.	4	—	4
Ringworm—Body	21	—	21
Scabies	25	—	25
Impetigo	97	2	99
Other skin disease	77	1	78
Minor Eye defects (external and other, but excluding cases falling in Group II).	201	1	202
Minor Ear defects	150	1	151
Miscellaneous (e.g. minor injuries, bruises, sores, chil-blains, etc.)	2269	67	2336
Total	2844	72	2916

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	Number of Defects dealt with.		
	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint). Operations for squint should be recorded separately in the body of the School Medical Officer's report).	691	—	691
Other defect or disease of the eyes (excluding those recorded in Group I).	8	—	8
Total	699	—	699
No. of Children for whom spectacles were			
(a) Prescribed.	215	—	215
(b) Obtained.	206	—	206

TABLE IV.—continued.

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS													
Received Operative Treatment.										Received other forms of treatment	Total Number Treated		
Under the Authority's Scheme in Clinic or Hospital,				By Private Practitioner or Hospital apart from the Authority's scheme				Total					
(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)	(1)	(2)			(3)	(4)
0	3	110		0	0	10	0	0	3	120	0	102	225

(1) Tonsils only. (2) Adenoids only. (3) Tonsils and Adenoids.

(4) Other defects of nose and throat.

Group IV.—Orthopædic and Postural Defects

	Under the Authority's Scheme.			Otherwise.			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	7	1	203	—	—	—	211

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist.

			Age No.	
(a) Routine age-groups	5...480	} Total 6483
			6...705	
			7...801	
			8...676	
			9...699	
			10...764	
			11...564	
			12...753	
			13...738	
			14 . 303	

(b) Specials 983

(c) TOTAL (Routine and Specials) 7,466

(2) Number found to require treatment 4,118

(3) Number actually treated 1,836

(4) Attendances made by children for treatment ... 4,579

(5) Half-days devoted to:—

Inspection	...	...	...	27
Treatment	...	...	...	363

Total			...	390

(6) Fillings:—

Permanent Teeth	...	...	602
Temporary Teeth	...	...	—
			<hr/>
	Total	...	602

(7) Extractions:—

Permanent Teeth	...	...	676
Temporary Teeth	...	...	4,551
			<hr/>
	Total	...	5,227

(8) Administrations of general anaesthetics for extractions --

(9) Other Operations:—

Permanent Teeth	...	...	514
Temporary Teeth	...	...	—

	Total	...	514

**TABLE VI.—UNCLEANLINESS AND VERMINOUS
CONDITIONS.**

Average number of visits per school made during the year by the School Nurses	...	...	...	...	5.5
Total number of examinations of children in the Schools by School Nurses	...	...	...	...	22,240
Number of individual children found unclean	...	...			503
Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	...	...			—
Number of cases in which legal proceedings were taken:—					
(a) Under the Education Act, 1921	...	...	...		—
(b) Under School Attendance Byelaws	...	...			—

